| 45F4 | U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) | | |
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| 47 | For delivery information visit our website at www.usps.com | | |
| | OFFICIA | LUSE | |
| 5042 | Postage \$ | | |
| 0470 0000 | Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) | Postmark Here | |
| 1240 | Total Postana & Enan & | | |
| 7011 | Street, Apt. Nor PO Box M City, State, Z PS Form 380 Hon. Juan A Cruz Manzai Mayor Municipality of Manatí Calle Quiñones #10 Manatí, Puerto Rico 006 | | |

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
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| Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. | A. Signature X |
| 1. Article Addressed to: | D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No |
| Hon. Juan A Cruz Manzano Mayor Municipality of Manatí | Oficina del Vicealcalde Vicealcalde AUTONOMO DE LINE |
| Calle Quiñones #10 Manatí, Puerto Rico 00674 | 3. Service Type Certified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D. |
| | 4. Restricted Delivery? (Extra Fee) ☐ Yes |
| 2. Article Number (Transfer from service label) 7 🖂 🗓 | 0470 0000 5042 4764 |
| PS Form 3811, February 2004 Domestic Re | eturn Receipt 102595-02-M-1540 |